## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY

CHANGE OF CORRESPONDENCE ADDRESS

|  | Application Number     | 10/578.561<br>November 18, 2004<br>Howard J. Federoff<br>1649<br>Olga N. Chernyshev<br>176/62732 (6-1275) |  |  |  |  |
|--|------------------------|---|--|--|--|--|
|  | Filing Date            |   |  |  |  |  |
|  | First Named Inventor   |   |  |  |  |  |
|  | Art Unit               |   |  |  |  |  |
|  | Examiner Name          |   |  |  |  |  |
|  | Attorney Docker Number |   |  |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |                                       |       |     |       |       |          |     |      |  |  |
|--|---------------------------------------|-------|-----|-------|-------|----------|-----|------|--|--|
| ☐ A Power of Attorney is submitted herewith.   |                                       |       |     |       |       |          |     |      |  |  |
| OR .   |                                       |       |     |       |       |          |     |      |  |  |
| I hereby appoint the practitioners associated with the Customer Number:  |                                       |       |     |       |       |          | 20  | 5774 |  |  |
| Please change the correspondence address for the above-identified application to:  |                                       |       |     |       |       |          |     |      |  |  |
|  | The address ass<br>Tustomer Numl      |       | 267 | 4     |       |          |     |      |  |  |
| Firm   |                                       |       |     |       |       |          |     |      |  |  |
| Address  | idual Name                            |       |     |       |       |          |     |      |  |  |
|  |                                       |       |     |       |       |          |     |      |  |  |
| City   |                                       |       |     | State |       |          | Zip |      |  |  |
| Country  |                                       |       |     |       |       |          |     | ·    |  |  |
| Telephone  |                                       |       |     |       | Email |          |     |      |  |  |
| lam the: Applicant/Inventor.   |                                       |       |     |       |       |          |     |      |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under PT CFR 3.73(h) is enclosed. (Form PTO/SB-96)   |                                       |       |     |       |       |          |     |      |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                                       |       |     |       |       |          |     |      |  |  |
| Name   | 11/                                   |       |     |       |       |          |     |      |  |  |
| Date   | Opin Faimer-Vintelic, Deputy Director |       |     |       |       |          |     |      |  |  |
|  |                                       | 15-09 |     | 1     | phone | (585) 78 |     |      |  |  |
| NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below* |                                       |       |     |       |       |          |     |      |  |  |
| X Taid of the state of   |                                       |       |     |       |       |          |     |      |  |  |